

ENTRON SECURITY SERVICES

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Daily Security Report

Client No. Client	Name	<u> </u>		·														
2036	D.H. Materials								Location LOCY OSWEGO ST. (Other Other Wing Shift (Name)						Date	. ,	1-	
Facility Detex Clock Weapon No.		ister V/A	Nightstiek		Raiscoat	Flashlight	a v	Othe	004 Bol	5 /2	vego	57.0	Utic a R	a, N.	2 2	/30	187	
Officers:	Officer—t	Day Shift (Name)				er—Swing :	Shift (Nam	(1 -23-7//	9/~	ALX	X 20	7 W	rava Shift (N				
Fully explain all items marked "Yes" with time and all detail. For additional space use reverse	Tenneth Freh					PA	PAT BloomaursT						Patrick w- Matheura					
side and attach incident reports.	Shift	l	26a		T	Shift		100				Shi	ft					
Observations or actions taken	Began Yes	No	8 MPM	Ended Explanation		-PM Began Yes	l No		AMEB C	Explanation	1200	AM EM Beg	an 'es	1200	AM-PM	Ended		8 AM
Rounds or stations missed		~				.	1			CAPMINATION		- '		NO		Explana	lion	
Unlocked doors, gates or windows							1				····				· · · · · · · · · · · · · · · · · · ·			
Unlocked vaults or safes		V					X						- -					
Fire-smoke-or hazards		4	•				X						1		·			
1. Extinguishers missing or defective			-				X			,	-		\\					
2. Sprinkler system defective		V			•		1						- <i>t</i>		-			
3. Fire doors or exits blocked		2					文						,					
4. Rubbish accumulation		V					V								- · 			
5. Motors running		~					Ì			······································				\mathcal{I}				
6. Lights left burning		~				X		As	Reg	الم سودر			,	//:	1.45	out.		7 4
Injury hazards		~					X		-	Color Jan			ر	/ 2/9	<u> </u>		_ <i>D</i> 0	<u>// </u>
Visitors		V					X											
Trespassing		V					X											-
Violation of company rules		V	-				X		<u> </u>		······································							
Remarks						···						· · · · · · · · · · · · · · · · · · ·						
											•							
IMPORTANT: If you were ill or injured ple	ase explai			of this form	and call you	superviso	r before le	eaving th	is post.									
1. Were you injured during this tour?		Da Ye	y Shift s No	1. Yes	2. No Yes	No	3. Swing Yes	Shift	1. Yes	No	2 Yes	No 3	Grave S Yes	huft	1 Yes	No	?. Yes	No
2. Did you suffer any illness?		Ye		Yes	No Yes		Yes	(No)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to y	our attenti			Yes	No Yes	No	Yes		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Michael M. Miller CA	Sign	Da natures 1	y Shift	Ten	eth	Keli		sur j	& do	Blem	ne get	ist	Grave S	hift	ch 1	1 - W		
18:10P	Sigi	natures 2.		1			2						2.					
	Signatures 3. 3													3 439425				
																		